Freedom of Information Act Request (5 U.S.C. 552)



I GABRIEL E. HAMMETT Print name						
		request that a copy of the following document(s) be provided to me:				
, and then						
Military Police Report			Family Services			
Vehicle Accident Report			Counseling Services		•	
CID Report			Family Advocacy Progam	.		
Contract Number			Solicitation Number			
Other	⋉ FI	RE INVESTIGATION R	EPORTS			
Date of incident: 2011-2	014					
Date of modern. 2011 2						
Be specific in describing	the record	ds you are requestin	ng:			
for security, PA and PII pu	rposes.	· ·	l authored for personal/career u 3-72, 2012-364, 2012-352, 2012-			
I am willing to pay fees for amount, please inform m		uest up to a maxim	um of \$25.00 . If you es	timate tha	at fees will e	exceed this
Sincerly, Labriel Ho	inne	M				
Sign						
Name/Address to mail	requeste	ed documents to:				
*if this address is to som please give this agency the requested documer	your con	sent to release	Gabriel Hammett 57397 Saint Marys Dr Yucca Valley, CA 92284			
Tolophono number where	Lean be re	asched at:	760-799-8119			

PRIVACY ACT STATEMENT

Under the AUTHORITY 5 U.S.C. 552(a) and E.O. 9397 (SSN), this form is for OFFICIAL USE ONLY for the PURPOSE to track, process, and coordinate individual requests for access and amendment of personal records; to process appeals on denials of requests for access or amendment to personal records; to compile information for reports, and to ensure timely response to requestors. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a ROUTINE USE pursuant to 5 U.S.C. 552 a(b)(3) to individuals who file FOIA requests for access to information on who has made FOIA requests and/or what is being requested under FOIA. DISCLOSURE is MANDATORY.